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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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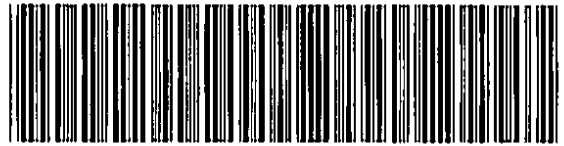
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

2020 AUG 27 AM 8:56

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D. BRUCE  
OCT 14 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MRP INTERNATIONAL GROUP LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANGELA MACK

Name of Person

TAX ACCOUNTING & FINANCIAL SPECIALISTS, LLC

Firm/Company

2295 S. HIAWASSEE RD STE 407C

Address

ORLANDO-FLORIDA 32835

City/State and Zip Code

ADMIN@CREATRIXOFFICES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANGELA MACK

407

710-0808

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

SECRET  
TALLAHASSEE, FL

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

MRP INTERNATIONAL GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09-17-2015 and assigned Florida document number L15000158818.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

2295 S. HIAWASSEE RD STE 407C

**(Principal office address MUST BE A STREET ADDRESS)**

ORLANDO-FLORIDA 32835

**Enter new mailing address, if applicable:**

16103 PEBBLE BLUFF LOOP

**(Mailing address MAY BE A POST OFFICE BOX)**

WINTER GARDEN, FLORIDA 34787

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

TAX ACCOUNTING & FINANCIAL SPECIALISTS, LLC

New Registered Office Address:

2295 S. HIAWASSEE RD STE 407F

*Enter Florida street address*

ORLANDO

Florida 32835

*City*

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARCIERI, CARLOS	11551 LAKESIDE DR APT 7305	<input checked="" type="checkbox"/> Add
		DORAL-FLORIDA 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	PEDRON, ALEXANDRE	16013 PEBBLE BLUFF LOOP	<input type="checkbox"/> Add
		WINTER GARDEN-FLORIDA 34787	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	PEDRON, ALEXANDRE	1660 WEST HILLSBORO BLVD	<input type="checkbox"/> Add
		DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	PEDRON, STELLA	16103 PEBBLE BLUFF LOOP	<input type="checkbox"/> Add
		WINTER GARDEN-FLORIDA 34787	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	PEDRON, STELLA	1660 WEST HILLSBORO BLVD	<input type="checkbox"/> Add
		DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

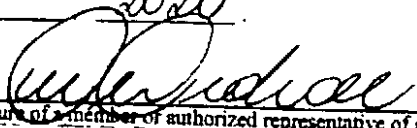
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (b) The 90th day after the record is filed.

Dated

August 18 2020

  
Signature of a member or authorized representative of a member

ALEXANDRE PEDRON

Typed or printed name of signee